

012-128

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 441.

For Officer Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <u>0-128-128</u> <u>6195</u>	2. Fiscal Year Covered From: <u>1/1/2005</u> Through <u>12/31/05</u>
3. Name and address of person filing Name <u>RICHARD STANIZZU JR</u> P.O. Box, Bldg., Room No., if any Street <u>1231 Banksville Rd</u> City <u>PA</u> State <u>PA</u> ZIP Code + 4 <u>15216</u>	4. Name, file number, and address of labor organization Name <u>Pgh. Bldg. Const Trades Council</u> Labor Organization File Number <u>LM 012 128</u> P.O. Box, Building and Room Number, if any Street <u>1231 Banksville Rd</u> City <u>Pgh.</u> State <u>Pa.</u> ZIP Code + 4 <u>15216</u>
5. Position in labor organization <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6. Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income 7. b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Richard Stanizzu Jr

On

3/25/06
Date

412 344-4775

Telephone Number

Name of Person Filing <u>Richard Stonizzato</u>	File Number U- <u>LM 012-128</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PNC Advisors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2 PNC Plaza

City 620 Liberty Ave

State OH ZIP Code + 4 43222

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Labor Management Help Outing 77
Baseball Tickets 48

11.b. Approximate dollar value of such dealing.

612.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>Richard Stunizza</u>	File Number U- <u>LM 012-128</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Alan Meyer
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street 1200 Thane Parkway SE
City Albany
State GA ZIP Code + 4 31707

9. Business deals with:

- ☐ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street: _____
City: _____
State: _____ ZIP Code + 4: _____

11.a. Nature of such dealing.

B2d Trialer Scholarship Half on Time

11.b. Approximate dollar value of such dealing.

220.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street: _____
City: _____
State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>First Energy Inc.</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>2270 N. 1st St.</i></p> <p>City <i>St. Paul</i></p> <p>State <i>IA</i> ZIF Code + 4 <i>152-5</i></p>	<p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;">b. Trust</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIF Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p style="margin-left: 40px;"><i>Annual Reg. Dinner</i></p> <p style="margin-left: 40px;"><i>Donation to College</i></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <i>\$2,000.00</i></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="height: 100px;"></p> <hr/> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIF Code + 4</p>	<p>14.a. Nature of payment.</p> <p style="height: 100px;"></p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>Richard Strand</u>	File Number U- <u>LM 012-128</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UPMC Health Plan
Trade Name, if any:
P.O. Box, Bldg., Room No., if any One Chatham Ct
Street 112 Washington Rd
City PA
State PA ZIP Code + 4 15219

9. Business deals with:

- ☐ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

11.a. Nature of such dealing.

Labor Mgr. Self Outing

11.b. Approximate dollar value of such dealing.

200.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.